

**WRITTEN TESTIMONY TO THE TEXAS HOUSE OF REPRESENTATIVES COMMITTEE ON PUBLIC HEALTH
– Interim Charge #1 – SB1621**
(per posting hearing for October 5, 2020)

*Submitted by John Henderson, CEO and President, Texas Organization of Rural & Community Hospitals (TORCH).
TORCH is the trade association of the 157 rural hospitals across Texas.*

Regarding Interim Charge #1 – SB1621

*Monitor the agencies and programs under the Committee's jurisdiction and oversee the implementation of relevant legislation passed by the 86th Legislature. Conduct active oversight of all associated rulemaking and other governmental actions taken to ensure intended legislative outcome of all legislation, including the following: **SB 1621**, which creates a rural hospital strategic plan.*

We appreciate legislative focus on rural healthcare and intentional development of rural strategic plan. Furthermore, the HHSC staff has done a very good job of developing a plan and gathering rural perspective and participation, but like everything else in 2020, the work was delayed/sidetracked a little by pandemic.

We support the idea suggested by HHSC that rural stakeholder group can function well as subcommittee of hospital payment advisory committee. There was good response from rural hospital leaders in terms of applications, and the announcement and initiation of that group is pending.

In response to challenges around gathering, HHSC has scheduled a series of rural training webinars, and completed the first around rural hospital finance with broad participation from rural hospital CEO's and CFO's. Future sessions will include topics ranging from grants, to telemedicine and realignment of rates for rural providers. We applaud the commission's effort to get training and education to rural community leaders and hope it continues.

Of course, the ultimate impact of SB1621 will be more about execution than planning, so we look forward to assisting in this important effort...particularly around projects that harness the power of telehealth and primary care as ways to improve rural access and better control total cost of care.

Thanks for considering our perspective and feedback in this matter.

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